Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
FEE TRANSMITTAL				Appli	cation Number	10/542,898	3		
				Filing	Filing Date 2/21/2006				
For FY 2009					First Named Inventor Pieter De Jong				
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name Theresa Tr		ieu		
					Art Unit 3748				
TOTAL AMOUNT OF PAYMENT (\$) 490.00				Attor	Attorney Docket 0702 - 052257				
METHOD OF PAYM	ENT (check all	that apply)							
Check Cre	dit Card	Money Order		None	Other (please ide	ntify):			
Deposit Account	Deposit Accoun	t Number:	23-0	650	Deposit Account	Name: The	Webb Law Firm	n	
	•			r is hereby	authorized to: (cl				
Charge	e fee(s) indicated	below			Charge fee	(s) indicated be	low, except for the	filing fee	
	e any additional f 37 CFR 1.16 and		payments o	f fee(s)		overpayments	-	-	
under under warning: Information of			dit card info	rmation sho	•	, ,	ide credit card		
nformation and authorizati						11071			
EE CALCULATION	(All the fees be	low are due	upon filin	g or may l	oe subject to a su	rcharge.)			
1. BASIC FILING, S									
FILING FEES SEARCH F Small Entity Smal									
Application Type			<u>51</u> Fee (\$)	nall Entity Fee (\$)	Fee (\$)	Fee (\$)	Fees I	Paid (\$)	
Utility	330	82	540	270	220	110			
Design	220	110	100	50	140	70	<del> </del>		
Plant	220	110	330	165	170	85	-	·····	
Reissue	330	165	540	270	650	325	-		
Provisional	220	110	0	0	0	0	***************************************	*	
2. EXCESS CLAIM	FEES						<del></del>	Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							52	26	
Each independent clain		ng Reissues)					220	110	
Multiple dependent cla			-	400			390	195	
		Extra Claims		<u>e (\$)</u>	Fee Paid (\$)			ependent Clair	
HP = highest number of	20 = total claims paid fo	O r, if greater than		=			Fee (\$)	Fee Paid (S	
	•	Extra Claims		e (\$)	Fee Paid (\$)		***************************************	***************************************	
1 -	3 =	0	x (		ice i aid (4)				
HP = highest number of		······			***************************************				
<ol><li>APPLICATION SI If the specification</li></ol>		vosed IAA aL	acto of	ar (ovel- 1	ing alastrar!!!	filed server	On comt- 1' 4'		
37 CFR 1.52(e	)), the application	on size fee du	e is \$270 (	\$135 for si	mg electronically nall entity) for ea	med sequence ch additional 5	or computer listing or sheets or fraction	gs under n thereof.	
See 35 U.S.C.	41(a)(1)(G) and	37 CFR 1.16	(s).		• /				
Total Sheets	Extra Shee	<u>ts</u> / 50 =	umber of		itional 50 or frac d up to a whole num		Fee (\$)	Fee Paid (\$)	
	****			(round	i up to a whole num	ider) x	NEI		
<ol> <li>OTHER FEE(S)         Non-English Spe     </li> </ol>	cification 9	\$130 fee (no s	mall anti-	, discount				Fees Paid (\$	
Other (e.g., late f				-				490.00	
Other (e.g., late I	mig autonarge)	, a visitori itti	- 44 O-1410111	DATOIISIU	OI IIIIC			470.00	
SUBMITTED BY									
Signature	1) 20/10	and h	( An		egistration No. attorney/Agent)	28,498	Γelephone 4	12-471-8815	
/	1 00000	11-11-11	1)000	V CA	.ttorney/Agent)	, 0	• '		